FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(8)

FILED Apr 24 1998 8:00am Secretary of State

CUSTOM MACHINED SPECIALTIES, INC.					
				A HARRING MINDER KRIMB NAMED AND HE AND HE AND	DIBLE BOOK BEEN BEEN BOOK (AD)
Principal Plac	e of Business	Mailing Address		L LANDIN MANNE CALLEN AND LANDIN MANNE MANNE MANNE	ANDII OHUK OYUK OYUK ANDII 1001
P.O. BOX 15146 P.O. BOX 15146					
TAMPA FL 33684-2146 TAMPA FL 33684-2146				DO NOT WRITE IN T	LUC CDACE
				3. Date Incorporated or Qualified	MIS SPACE
				11/13/1975	
2. Principal P	lace of Business	2a, Mailing Address		4. FEI Number	Applied For
21		28		59-1633743	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
— Žip —	Country	Z _i p	Country	8. This corporation owes or has paid the	_ ·
24	25		30	Personal Property Tax due June 30.	∐ Yes ∐ No
	9, Name and Address of Curr	ent Registered Agent	81 Name	10. Name and Address of New Registe	red Agent
LOPEZ JR., AL R.			or Name		
C/O LOPEZ & KELLY, P.A.			82 Street Add	fress (P.O. Box Number is Not Acceptable)	
4800 W. CYPRESS, SUITE #500 TAMPA FL 33607			83		
174	MPA PL 33007				
			84 City		85 Zip Code
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508. Florida Statute	s, the above-named cor		
office or re	egistered agent, or both, in the Sta m familiar with, and accept the obl	te of Florida, Such change was au	uthorized by the corpora	poration submits this statement for the purpo- ition's board of directors. I hereby accept the	appointment as registered
	Transaction, and accept the object	igations of, decitor 607.0303, Flor	ida Sialules.		
SIGNATURE.	Signature, typed or printed name of registered a	gont and title if applicable (NOTE	Registered Agent signature requ	irad when reinstaling) DA	TE
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	PSD	[] DELETE	1.1 TITLE		Change Addition
NAME	LANG, ROBERT D		1.2 NAME		
STREET ADDRESS	4308 W VIRGINIA AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	T DELETE	1.4 CITY-ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADORESS			2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE		Change Addition
NAME			3.2 NAME		C Abdition
STREET ADDRESS			3.3 STREET ADDRESS		+
CITY-ST-ZIP			3.4. CITY-ST-ZIP		İ
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		j
CITY-ST-ZIP			4.4 CITY-ST-ZIP		i
TITLE		DELETE	5.1 THILE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6 4 CITY - ST - ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the operation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if or image, or on as attachment with an address.